Your complaint cannot be processed without your signature.

Attachment D: COMPLAINT AND DISCRIMINATION FORM

Town of Waynetown Title VI Complaint Form

▪ Section 1: Personal Information Date of Complaint Filed: _____

Please fill in completely and legibly.

_____

Last Name Middle Initial First Name

_____

Street Address City State Zip Code

_____ _____

Telephone Number (including area code) Best time to call this number

_____ _____

Alternate Telephone Number (including area code) Best time to call this number

_____

Email Address

▪ Section 2: Information Supporting Discriminatory Act(s)

Please provide information identifying alleged discrimination and any additional information to support claim (use additional pages as necessary and provide documentation supporting the allegation). Please fill in completely and legibly.

_____

Name of: *Person or Business, Company, Department or other identified party*

_____

Location where Discriminatory Act Occurred: Street Address, City, State, Zip Code

_____ _____

Witness #1 Name: (*First, Last)* Contact Phone Number Address: Street, City, Town, State, Zip

_____ _____

Witness #2 Name: (*First, Last),* Contact Phone Number Address: Street, City, Town, State, Zip

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

_____

_____

_____

▪ Alleged discrimination was based on: (Please Circle Applicable)

_____

Race ⇔ Color ⇔ National Origin ⇔

_____

- **Section 3: Describe the alleged act(s) of discrimination (Use Additional pages if necessary)**

Please provide a specific location(s) of where issues exist prompting this complaint.

- **Section 4: Witness #1 Description**

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act:

- **Date of Witnessed Discriminatory Act:**

- **Contact Information:** **Signature:**

Phone: Alt. Phone: E-mail:

- **Section 5: Witness #2 Description**

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act:

- **Date of You Witnessed Discriminatory Act:**

- **Contact Information:** **Signature:**

Phone: Alt. Phone: E-mail:

- **Section 6: Additional Information**

If you have any suggestions or would like to provide any helpful information in ways this can be changed to prevent future discriminatory acts, please provide us with your input.

Please sign and date this form.

Signature Date

Mail completed complaint form to:

Title VI Coordinator: Bob Cox
Address: 106 N. Vine St.
Waynetown, IN 47990
E-Mail: bcox@waynetown.net
Phone: (765) 376-9931 **TTY:** 711